

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
 JUL 01 2014
 Bayfield Co. Zoning Dept.

ENTERED Permit #:
 14-0175
 Date: 7-2-14
 Amount Paid: \$180 7-1-14
 Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Mark & Pam Dyer Mailing Address: 28340 Kyster Rd Washburn, WI 54856 Telephone: 715-265-4131

Address of Property: same City/State/Zip: same

Contractor: Jerry Oliphant Contractor Phone: 715-265-4788 Sub: Sub of contractor Plumber Phone: _____

Authorized Agent (Person Signing Application on behalf of Owner(s)) Agent Phone: _____ Agent Mailing Address (include City/State/Zip): _____ Written Authorization Attached Yes No

PROJECT LOCATION: NWD 1/4, NWS 1/4 359 Legal Description: (Use Tax Statement) 02-000-10000-04-030-2-45-05-22-2 P.L.N.: (23 digits) 02-000-10000-04-030-2-45-05-22-2 Recorded Document: (i.e. Property Ownership) 83-88-87; 760-16

Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ Subdivision: _____

Section 22, Township 45 N, Range 05 W Town of: Linden Lot Size _____ Acreage > 40

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? No If yes---continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage No If yes---continue →

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>56,000</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>sewer main</u> <input type="checkbox"/> Privy (Pvt) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 54' Width: 47' Height: 218'

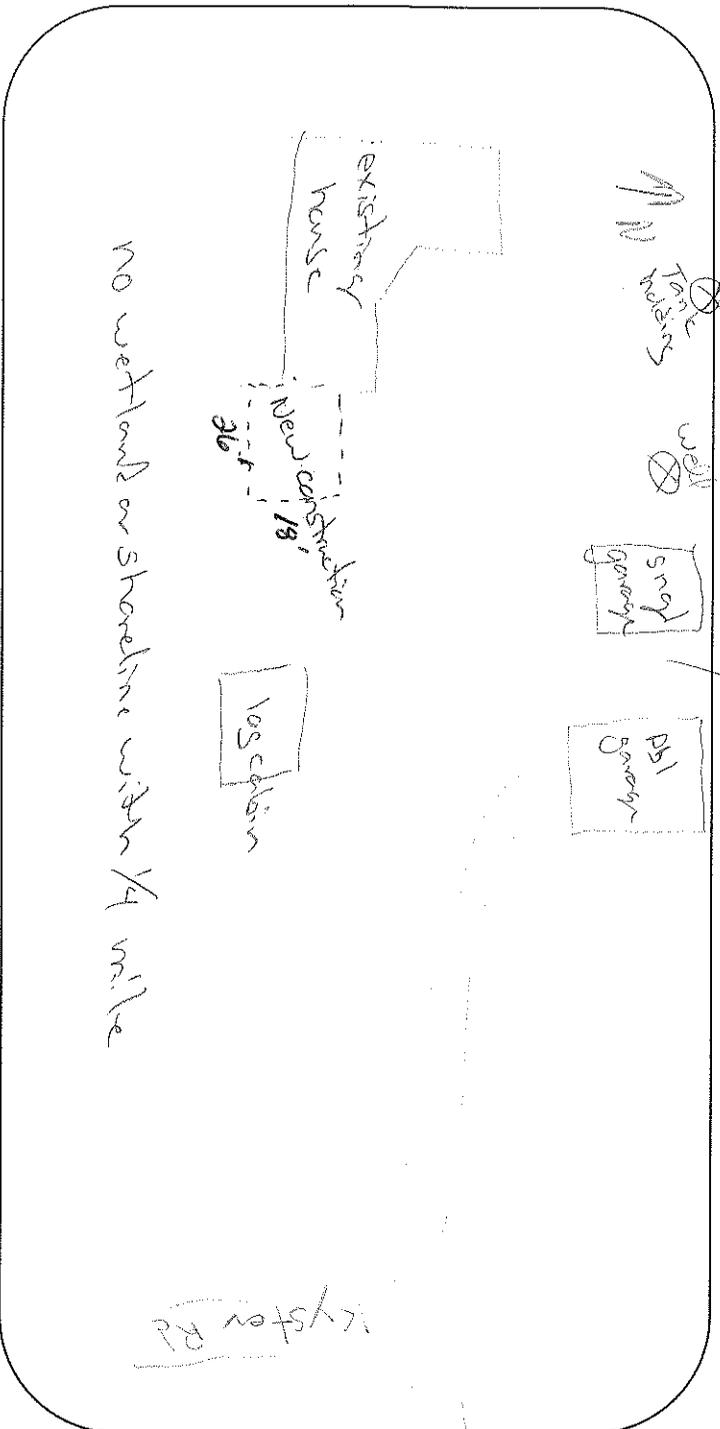
Proposed Construction: Length: 26' Width: 16' Height: 218'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		()	()
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		()	()
<input type="checkbox"/> with Loft		()	()
<input checked="" type="checkbox"/> Residential Use	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	Mobile Home (manufactured date) _____	()	()
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Screen porch + feature outdoor kitchen</u>		(<u>26</u> X <u>18</u>)	(<u>468</u>)
<input type="checkbox"/> Accessory Building (specify) _____		()	()
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		()	()
<input type="checkbox"/> Rec'd for issuance		()	()
	Special Use: (explain) _____	()	()
	Conditional Use: (explain) _____	()	()
	Other: (explain) _____	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mark & Pam Dyer Date: 6/30/14
 (if there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application)
 Authorized Agent: Mark Dyer Pamela Dyer Date: 6/30/14
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
 Address to send permit: 28340 Kyster Rd Washburn WI 54856 Attach ✓
 If you recently purchased the property send your Recorded Deed

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	≈ 600 Feet	Setback from the Lake (ordinary high-water mark)	250+ Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	> 1/4 mile Feet
Setback from the North Lot Line	> 1/4 mile Feet	Setback from the Bank or Bluff	> 1/4 mile Feet
Setback from the South Lot Line	> 1/4 mile Feet	Setback from Wetland created wetland	≈ 1000 Feet
Setback from the West Lot Line	> 1/4 mile Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	≈ 600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60 Feet	Setback to Well	60 Feet
Setback to Drain Field	300 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P) and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: **327241** # of bedrooms: **3** Sanitary Date: **5-19-99**

Reason for Denial: _____

Permit #: **14-0175** Permit Date: **7-7-14**

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____

Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Was Property Surveyed Yes No

Inspection Record: **Met at all setbacks.**

Date of Inspection: **7-7-14** Inspected by: **M. Fuchs**

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Zoning District: **A-1**

Lakes Classification: **3**

Date of Re-Inspection: _____

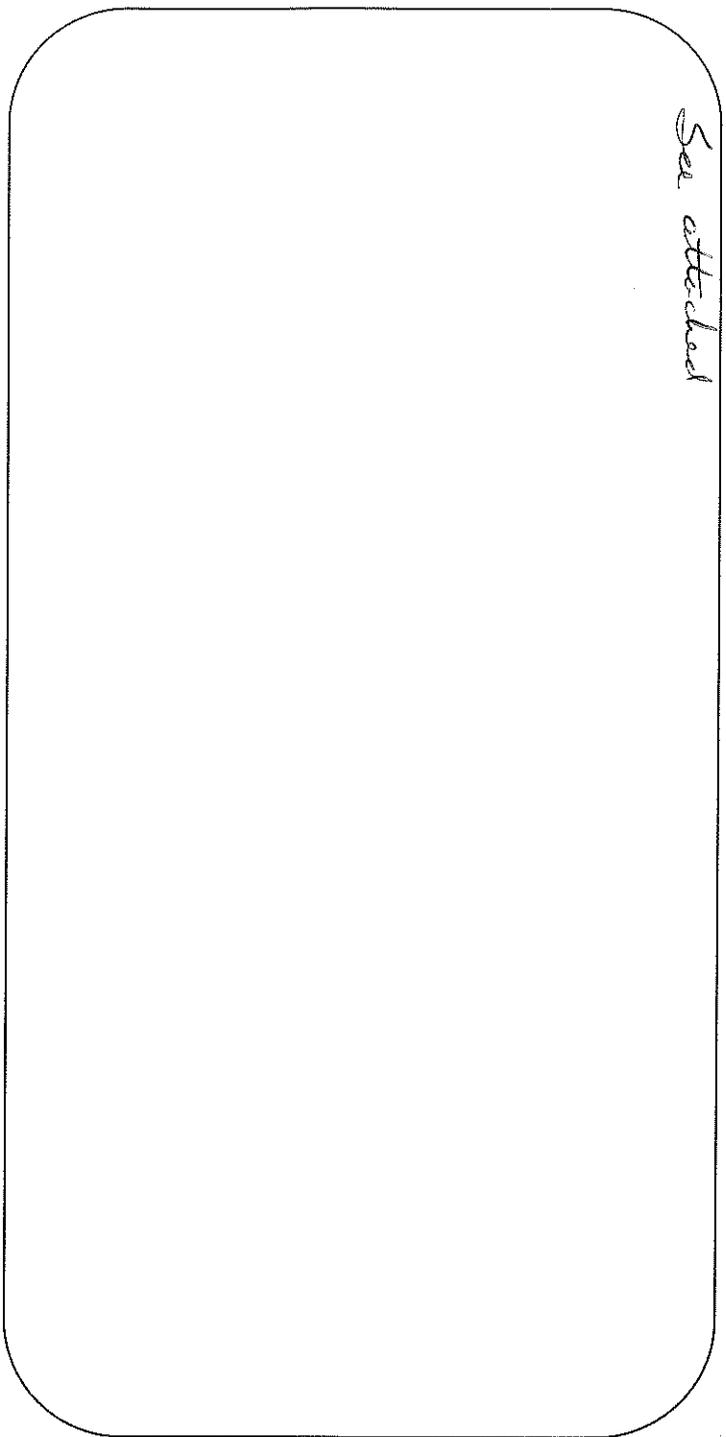
Signature of Inspector: **Michael Guitels**

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____

Date of Approval: **7-7-14**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attached



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	140+ Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	185+ Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	1000+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	550+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	1000+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	40+ Feet	Setback to Well	80+ Feet
Setback to Drain Field	90+ Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 467391 # of Bedrooms: 3 Sanitary Date: 10-18-05
 Permit Denied (Date): _____ Reason for Denial: _____
 Permit #: 14-0177 Permit Date: 7-7-14

Is Parcel a Sub-Standard Lot Yes No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No
 Is Structure Non-Conforming Yes No
 Granted by Variance (B.O.A.) Yes No Case #: _____
 Previously Granted by Variance (B.O.A.) Yes No Case #: _____

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: *Mets all setbacks.*
 Date of Inspection: 7-7-14 Inspected by: M. Fustak
 Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)

Signature of Inspector: Michael Fustak Date of Approval: 7-7-14
 Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____ Hold For Fees: _____
 Zoning District: (A-1)
 Lakes Classification: NA



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 Date Stamp Received
 JUL 03 2014
 Bayfield Co. Zoning Dept.

Permit #: 14-0176
 Date: 7-9-14
 Amount Paid: \$75 73-14
 Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Heidi K. Service
 Address of Property: 5885 N. Albemarle Rd.
 Contractor: Self
 Authorized Agent: (Person Signing Application on behalf of Owner(s))

Mailing Address: 5885 N. Albemarle Rd.
 City/State/Zip: Mason, WI 54852
 Contractor Phone: Plumber: _____
 Agent Phone: _____
 Agent Mailing Address (include City/State/Zip): _____

PROJECT LOCATION: A/E 1/4, A/L 1/4
 Section 02, Township 45 N, Range 05 W
 Town of: Lincoln

Legal Description: (Use Tax Statement) A/E 1/4, A/L 1/4
 PIN: (23 digits) 04-030-2-45-66-09-2-01-000-10000
 Vol & Page: _____
 Lot(s): _____
 Lot(s) No.: _____
 Block(s) No.: _____
 Subdivision: _____
 Lot Size: _____
 Acreage: 40

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Is Property in Floodplain Zone? Yes No
 Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume 963 Page(s) 458

Written Authorization Attached Yes No

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?
 Is Property/Land within 1000 feet of Lake, Pond or Flowage
 If yes--continue If yes--continue

Value at Time of Completion *include donated time & material: \$ 1000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Septic</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 24' Width: 12' Height: 12'
 Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(X)	
	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(X)	
	Accessory Building (specify) <u>Shed</u>	(12 X 24)	288
	Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

Rec'd for Issuance: JUL 07 2014
 Secretarial Staff

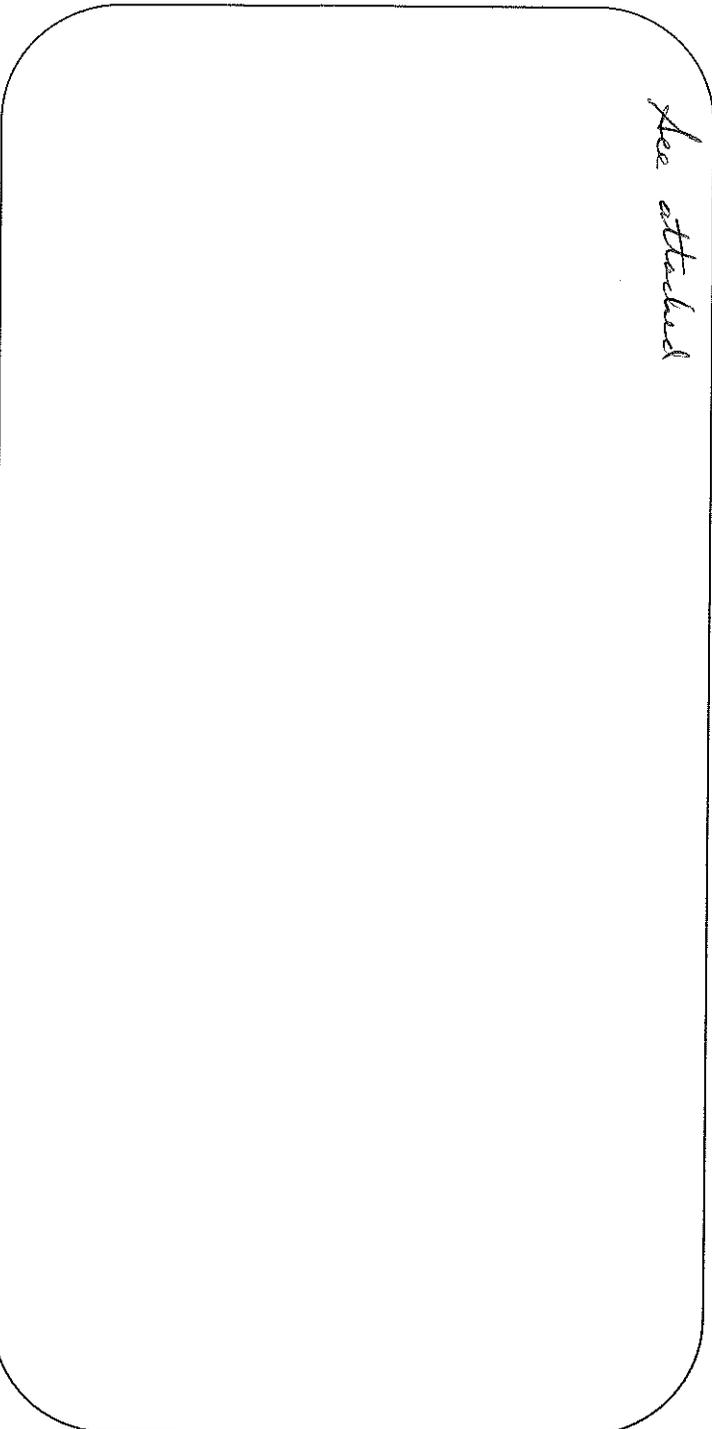
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Heidi K. Service
 Date: 7/6/14
 Authorized Agent: _____ Date: _____
 Address to send permit: Same as above
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

See box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attached



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	400+ Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	380+ Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	680+ Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	600+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	330+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1000+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	150+ Feet	Setback to Well	400+ Feet
Setback to Drain Field	140+ Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Sanitary Number: _____ # of Bedrooms: _____ Sanitary Date: _____
 Reason for Denial: _____

Permit #: 14076 Permit Date: 7.7.14

Is Parcel a Sub-Standard Lot Yes (Deed of Record) No
 Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Yes No Case #: _____
 Previously Granted by Variance (B.O.A.) Yes No

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Inspection Record: Meets all setbacks.
 Were Property Lines Represented by Owner Yes No
 Was Property Surveyed Yes No

Date of Inspection: 7-7-14 Inspected by: MT. Fuchs
 Zoning District: (A-1)
 Lakes Classification: (N/A)

Condition(s): Town, Committee or Board Conditions Attached? Yes No - If No they need to be attached.
May not be used for human habitation. No water under pressure in

Signature of Inspector: Michael Fuchs Date of Approval: 7-7-14

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____
 Hold For Fees: _____

Sites

